might lessen the possibility of a cerebral hæmorrhage in the baby; thirdly, that vaginal interference before labour is still fraught with the danger of infection.

To conclude, I hope I have been able to show that midwifery can still be an interesting part of general practice—indeed, I believe that it is one of the cornerstones of a rewarding life in general practice. It will be a tragedy if maternity work ceases to be part of the family doctor's daily task, as I believe is threatened. To avoid this and to meet the high standard of obstetrics now needed and indeed expected, I repeat what I have already said:—

(a) Post-graduate experience is most helpful to the doctor in general practice.
(b) General practitioner units in hospital should be carefully planned in all areas.
(c) The local Consultant should encourage and help (as he does in Larne) the General Practitioners in their maternity work.
(d) The results of one's work should be kept in some form of record, however simple. It is then possible at any time to examine these results and place oneself in the witness-box before the strictest judge of all—yourself.

REVIEW

A HANDBOOK FOR AMBULANCE ROOM ATTENDANTS. By C. E. Watson, M.A., M.B. (Pp. 120; figs. 20. 5s. 6d.) London: Baillière, Tindall and Cox, 1961.

THIS little book is written by a medical officer to The National Coal Board and addressed to factory or colliery ambulance men, who have already had some training in normal first-aid procedures.

The most useful chapters are those on abdominal pain and on the assessment and disposal of cases of illness.

This book provides the information in a readable form, which an industrial medical officer might reasonably expect to be in the possession of an ambulance room attendant.

W. H. E.